

Traumatic Brain Injury Fund Advisory Committee Meeting

July 10, 2008

Utah Department of Health (Room 125)

3:00 pm – 5:00 pm

Committee Members Present

Elaine Pollock, Troy Roper, Ron Roskos, Sara Sanders, Nita Smith, Adina Zahradnikova

Committee Members Excused

Breanne Berg, Kari Peterson, Sandy Brooks,

UDOH Staff Support and Guests Present

Ginger Bair, Heather Borski, Kevin Condra, Trish Keller, David Sundwall, Deb Turner, Tanya Hales

1. Welcome & Introductions - David Sundwall

- This is not just another meeting - this is a very historic day which took 3 years to make happen.
- I believe this TBI fund will accomplish a lot with the little money we have. Thank you all for your service on the committee.
- I am honored the Legislature gave UDOH the management of this fund. I think they have confidence in the Department to administer this fund and I certainly have confidence in the staff, Kevin and Trisha, which are going to be running this program. However, it won't work as you want it to if you do not continue to invest the time to give us some direction.
- I asked Representative Gowans if he would like to have any input in managing this fund and he said he has confidence in me and this qualified advisory committee.
- We'd like to recognize and present this award to those who were instrumental in and committed to making this fund a reality:
 - Representative Gowans (unable to be present)
 - Ron Roskos
 - Nita Smith

2. Overview of HB 174 - Traumatic Brain Injury Fund - Kevin Condra and Trisha Keller

Copy of the legislation was included in the handouts.

- \$50,000 in one time funding was appropriate to the TBI fund which must be expended by June 30 2009.
- Purpose of Committee and Tasks
 - The bill established an advisory committee of not more than nine members to be appointed by Dr. Sundwall. The committee will advise Dr. Sundwall and the Department of Health in the administration and implementation of the TBI Fund.
 - Dr Sundwall indicated that the first order of business for the advisory committee will be to prioritize the responsibilities outlined in the bill. I will be accountable to the legislature and I don't want to disappoint them, I want to be able to report to them that given the limited amount of funding, this is what the advisory committee thinks is the best use of these funds. I really hope you will take that part of your job seriously and give us some guidance on how we get this initiative jump started. It will be better to do one or 2 responsibilities very well than all 4 half-heartedly.
 - The committee must select a chair by the next meeting. The Violence and Injury Prevention Program, specifically Kevin will provide staff support to the committee and he will work closely with the chair.

- Information about the committee must be submitted to the governor and to his Advisory Committee Web site – Kevin will assist committee members in meeting this requirement.
 - Reviewed lines 76-113 highlighting line 112 – a “sunset clause” for the committee at Dr Sundwall’s determination. The Committee may be established each year on or after July 1 and shall cease to exist on Dec 31 unless Dr. Sundwall determines that it is necessary that it should continue.
 - The committee must provide a written report summarizing the activities to Dr. Sundwall and the Legislature by Nov 30 of each year. This allows a very short time to show the Legislature what has been done with this fund and also what could be done with more funding.
-
- How Funds are to be Used
 - Reviewed and discussed lines 62-63 – 50% of fund is to go directly to assist individual who meet the qualifications. Trisha asked Nita and Ron what the intent was for the phrase “directly assist” – was the intent for it to go for direct services or for assisting and enabling the person to access services?
 - Nita and Ron indicated that it could be both. This was added to prevent the majority of the fund being used for administrative costs
 - Reviewed and discussed lines 70-71 – This fund is a “last resort” when other services are not available.
 - Reviewed and discussed lines 52-61 – The Legislation gives a 4-pronged assignment. For the small amount of funds, it is necessary to prioritize these responsibilities and determine how to narrow and focus efforts to accomplish the most good. Committee agreed that it is important to prioritize and focus efforts to demonstrate what can be done with a small amount and how much more could be done with additional funding..
 - Lines 53-54 – Educate the general public and professionals
 - This amount of funding is not sufficient to address a statewide primary prevention campaign.
 - Nita shared information about a IOTI grant that Phoenix Services recently received to train and certify 80 applicants as Certified Brain Injury Specialists (CBIS). The grant will cover the testing fee, class and exam proctoring charges . This will offset some of the education responsibility at least for this first year.
 - Acute TBI training in rural areas will still need to be kept in the back of our minds, perhaps training first responders and emergency room staff. Since EMS are required to get ongoing training perhaps we could work with the bureau of EMS to incorporate some training.
 - Committee consensus was that with these limited funds and because of the Phoenix Services grant, education of the public and professionals should not be a focus of the fund this year
 - Lines 55-57 – Provide access to evaluations and assist in identification of services
 - Committee agreed the best evaluation is a neuro-psych exam as this diagnosis opens up so many more services for a TBI patient – it may be the key to appropriate treatment in the existing system and helps determine eligibility.
 - Committee agreed a percentage (not a specific \$ amount) of the fund should go toward neuro-psych exams
 - Lines 58-59 – Develop an Information and Referral System

- Group discussed the extreme need for patients to know what they need to do and what services are available to them when discharged from the hospital (like a checklist or flowchart)
- Cache Valley created a TBI services/resource guide. Can some of this fund be used to create a state-wide or Wasatch Front TBI services/resource guide?
 - If this is Web-based we can track the number of people accessing it which would also help meet the requirement for 50% of the fund to directly assist individuals
- The Brain Injury Association is working on a directory of service providers that will be posted on their website by the annual conference.
- Lines 60-61 – Provide Grants – see sections 5 and 6 below regarding the RFP process and discussion.
- A handout was distributed describing the [Iowa Neuro-Resource Facilitation](#) project. This is not the same as case management which is often a cost containment process and is not suppose to be hands-on. This is more hands-on with the patient to help them get to the services. Given the discussions with some of the professionals in the field and the language on Lines 55-59, the staff recommend that the fund be focused on resource facilitation through a contract/grant RFP process.

3. Update on Fund & Process to Donate - Kevin Condra

- We now have a name and address for contributions
- Fund currently has \$50,200.00
- Deb Turner asked Nita if Representative Gowans is considering a motor vehicle tax.
 - No – He was told that the Legislature won't pass any funding that goes directly from a tax to a specific fund – they want to control the funds thru the appropriates process.
 - However, like court fees there may be ways to write it to allow for a direct funding source.

4. Review Proposed Timeline of Significant Events and Suggest Changes – All

- Reviewed timeline and discussed best day and time for meetings – the committee members present agreed that Thursday afternoons at UDOH would work. Kevin will check with those members not present and send out proposed dates and times for the third week of each month.

5. Review RFP Process - Kevin Condra & Trisha Keller

- The Committee consensus is that the first priority of the fund be resource facilitation through a contract RFP process. The resource facilitation is meant to be short term, it isn't meant to be a life long program.
- The State's purchasing/contract approval process takes about 3 weeks, then there will be a 6 week contract process to get the contracts signed and in place.
- Heather Borski asked if these will be grants or contracts.
 - Since these are State funds they must be funded as contracts not grants.
- Based on today's discussion, the RFP will be drafted and sent out for comment to a select review panel of individuals with no potential conflicts of their agency or office applying for the funds. . When the RFP is complete this will be forwarded to Sate Purchasing and then an announcement will go out through all of our various partners and other communication avenues.
- The select review panel will also assist in reviewing applications and using the state's scoring and award system, will make recommendations on which applications to award funds.

- If members of this committee are interested in applying for these contracts, they cannot be part of the RFP review panel.
- Contracts will run through June 30, 2009 but an interim progress report will have to be made to the Legislature by November 30, 2009.
 - Some success stories will be needed as soon as possible!!

6. Discussion on Items to Be Considered in an RFP - All

- What should be the criteria for this RFP?
 - People/organization with existing TBI infrastructure
 - Feasibility (can they do what they are proposing?) and TBI specific expertise (knowledge and skills). Experience of working with people with brain injury.
 - Elaine – rural is hard – can't travel for neuro-psych exams – Committee agreed that should target these funds for areas where resources are available.
 - Since EMS are required to get ongoing training perhaps we could work with the bureau of EMS to incorporate some TBI training to address the rural issues.
 - Committee agreed there should be a dollar cap per person but amount not specified. Nita suggested \$3000 or less.
 - Committee agreed that the priority should be case facilitation to target the early 20s transition period – after parents' and school resources run out but before other disability/aging services/Medicaid begins. This is the most vulnerable age group and may require the least amount of services but show the biggest bang for the buck. Children have entitlements through the educational system.
 - Assist patients soon after discharged from hospital before their personal resources and family infrastructure break down. Perhaps 2 or 3 hospitals/trauma centers should be targeted since there is a need to get to patients soon after discharge.
 - Another group to consider for future targeting would be those TBI individuals released from the prison system.
 - Committee agreed an in-kind match will be preferred and to let the applicant propose what that match will be.

7. Adjournment – Kevin Condra

- We will continue to communicate and accept input via email or phone. If we need to have a conference call before the next meeting, we will schedule it.
- Thank you for your attendance and your input.
- Meeting adjourned.